



BARBADOS CUSTOMS & EXCISE DEPARTMENT

CLASSIFICATION COMMITTEE

For Official Use Only

Date of receipt:
Application number:
Date Accepted:

Application for a Tariff Classification Ruling

PART A

APPLICANT'S DETAILS

Applicant's Name: _____ Applicant Code: _____
Applicant's Address: _____
Address for correspondence (if different from above): _____
Agent (where applicable): _____
Contact person: _____ Telephone: _____
Email Address: _____

PRODUCT/ITEM DETAILS

Full description of the particular goods:

Composition of the goods: _____

Use of the goods: _____

In what form are the goods imported: _____

Name and address of manufacturer/Place of manufacture:

Classification currently in use: _____

Samples provided: Yes No

Documents provided: _____

Other remarks _____

APPLICANT/AGENT SIGNATURE

Signed: _____

Dated: _____



Committee Ruling

PART B

Applicant: _____ Applicant Code: _____

Agent (where applicable): _____

Item Classified: _____

Previous HS code (if any): _____

HS code to be applied: _____

Criteria and rules used to classify goods:

Chairman:

Date:

Yvonne McCaskie-Waterman (Mrs.)

Assistant Comptroller of Customs

Head of department's comments:

Head of Department:

Date:

Owen Holder (Mr.)

Comptroller of Customs

An appeal can be made to The Comptroller of Customs within thirty (30) days of receipt of this ruling